

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

FEB 22 2022

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) **Water Conservation District**
RALEY DAVID E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SAN BERNARDINO VALLEY WATER CONSERVATION DISTRICT

Division, Board, Department, District, if applicable

Your Position

DIVISION 2

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SAN BERNARDINO CONSERVATION TRUST Position: PRESIDENT

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of SAN BERNARDINO
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2021, through December 31, 2021.
- or-
- The period covered is _____ through December 31, 2021.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2021, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1630 W. REDLANDS BLVD, SUITE 5 REDLANDS CA 92373

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(909) 335-7050

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/22/2022
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

Print

Clear

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
RALEY, DAVID E

▶ NAME OF BUSINESS ENTITY
MD AND LIFE FINANCIAL CORP

GENERAL DESCRIPTION OF THIS BUSINESS
LIFE INSURANCE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MET LIFE POLICY TRUST

GENERAL DESCRIPTION OF THIS BUSINESS
LIFE INSURANCE

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LAST ITEM

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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 _____/_____/21 _____/_____/21
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Comments: _____

Print **Clear**